

United States Securities and Exchange Commission Washington, DC 20549

05048137

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (Check if this is an am	endment and name has chang BRISK PETROLE	•	nge.)	
Filing under (check boxes that apply): X Ru	ale 504 X Rule 505	□ Rule 506	☐ Section 4(6)	ULOA
Type of filing: New filing X Amer	ndment	•		
	A. BASIC INDENTIFIC	CATION DATA		
1. Enter the information requested amount the	issuer			
Name of Issuer (Check if this is an amendme Brisk Petroleum , Inc.	nt and name has changed, and	I indicate change.)		
Address of Executive Offices 1402 Descanso Ave., Suite A	Telephone Number (including Area Code) 760-752-8974			
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City	, State, Zip Code)	Telephone Number (i	ncluding Area Code)
Brief Description of Business Oil & Gas Exploration			<u> </u>	PROC
On a Gab Emploration				MAR 2
Type of Business Organization				
X corporation	☐ limited partnership, alre	ady formed	☐ other (please spec	ify) THOW FINAN
☐ business trust	☐ limited partnership, to b	e formed		00 (
Actual or Estimated Date of Incorporation or Organization:	(Enter two-letter U.S. Postal S		for State: N	Estimated V
	CN for Canada; FN (for other foreign jur	isdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the Erst sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

States

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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|----|-----|-----|------|-----------|--------|--------|------|
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- 2. Enter the information requested for the following:
  - <sup>o</sup> Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition or, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director or corporate issuers and of corporate general and managing partners of partnership issuers; and

| Each general and managing partner of partnership issuers.                                                       | or corporate general an | o managing pa    | rulers of partitership issuers, and |
|-----------------------------------------------------------------------------------------------------------------|-------------------------|------------------|-------------------------------------|
| Check boxes that apply:  Promoter  Beneficial Owner                                                             | X Executive Officer     | X Director       | General and/or Managing Partner     |
| Full Name (Last name first, if individual) Norman Storm                                                         |                         |                  |                                     |
| Business or Residence Address 1402 Descanso Ave., Suite A San Marcos, CA 92069                                  | -                       |                  |                                     |
| Check boxes that apply:  Promoter Beneficial Owner                                                              | X Executive Officer     | X Director       | ☐ General and/or Managing Partner   |
| Full Name (Last name first, if individual)  Andrew J. Yurcho                                                    |                         |                  |                                     |
| Business or Residence Address (Number and Street, City, State  1402 Descanso Ave., Suite A San Marcos, CA 92069 | _                       |                  |                                     |
| Check boxes that apply:                                                                                         | X Executive Officer     | ☐ Director       | ☐ General and/or Managing Partner   |
| Full Name (Last name first, if individual)  J. Harrison Beal                                                    |                         |                  |                                     |
| Business or Residence Address (Number and Street, City, State  1402 Descanso Ave., Suite A San Marcos, CA 92069 | -                       |                  |                                     |
| Check boxes that apply: $\square$ Promoter $X$ Beneficial Owner                                                 | ☐ Executive Officer     | ☐ Director       | ☐ General and/or Managing Partner   |
| Full Name (Last name first, if individual)  Eurasia Corporation                                                 |                         |                  |                                     |
| Business or Residence Address (Number and Street, City, State  1402 Descanso Ave., Suite A San Marcos, CA 92069 | •                       |                  |                                     |
| Check boxes that apply: ☐ Promoter ☐ Beneficial Owner                                                           | ☐ Executive Officer     | ☐ Director       | ☐ General and/or Managing Partner   |
| Full Name (Last name first, if individual)                                                                      |                         |                  |                                     |
| Business or Residence Address (Number and Street, City, State                                                   | e, Zip Code)            |                  |                                     |
| Check boxes that apply:                                                                                         | ☐ Executive Officer     | ☐ Director       | ☐ General and/or Managing Partner   |
| Full Name (Last name first, if individual)                                                                      |                         |                  |                                     |
| Business or Residence Address (Number and Street, City, State                                                   | e, Zip Code)            |                  |                                     |
| Check boxes that apply:                                                                                         | ☐ Executive Officer     | ☐ Director       | ☐ General and/or Managing Partner   |
| Full Name (Last name first, if individual)                                                                      |                         |                  |                                     |
| Business or Residence Address (Number and Street, City, State                                                   | e, Zip Code)            |                  |                                     |
| Check boxes that apply:  Promoter Beneficial Owner                                                              | ☐ Executive Officer     | ☐ Director       | ☐ General and/or Managing Partner   |
| Full Name (Last name first, if individual)                                                                      |                         |                  |                                     |
| Business or Residence Address (Number and Street, City, State                                                   | e, Zip Code)            |                  |                                     |
| (Use blank sheet, or copy and use                                                                               | additional copies of th | is sheet, as nec | essary.)                            |

|                                     |                                                | · · · · ·                                           |                                                                               | B. IN                                         | FORMAT                                       | ION ABO                                     | UT OFFEI                                     | RING                                      |                                         | · · · · · · · · · · · · · · · · · · · |                                       |             |
|-------------------------------------|------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------|-------------------------------------------|-----------------------------------------|---------------------------------------|---------------------------------------|-------------|
| 1. Has the                          | issuer sold                                    | l, or does th                                       | ne issuer int                                                                 | end to sell,                                  | to non-acci                                  | redited inve                                | stors in this                                | offering?                                 |                                         |                                       | ☐ Yes                                 | <b>X</b> No |
|                                     |                                                |                                                     |                                                                               |                                               | Appendix, (                                  |                                             | _                                            |                                           |                                         |                                       |                                       |             |
|                                     |                                                |                                                     | nent that wi                                                                  |                                               |                                              |                                             |                                              |                                           |                                         |                                       | \$ _50,000                            |             |
|                                     | •                                              | -                                                   | t ownership                                                                   | _                                             |                                              |                                             |                                              |                                           |                                         |                                       | ☐ Yes                                 | <b>X</b> No |
| comm<br>offerir<br>and/or<br>associ | ission or sing. If a pers with a stated person | milar remunded to be list e or states, as of such a | nested for ea<br>neration for<br>ted is an ass<br>list the nam<br>broker or d | solicitation<br>sociated per<br>se of the bro | n of purchas<br>rson or ager<br>oker or deal | sers in conn<br>nt of a brok<br>er. If more | ections with<br>er or dealer<br>than five (5 | h sales of so<br>registered  ) persons to | ecurities in with the SE to be listed a | the<br>IC<br>re                       |                                       |             |
| Full name                           | (Last nam                                      | e first, if in                                      | dividual)                                                                     |                                               |                                              |                                             |                                              |                                           |                                         |                                       |                                       |             |
| No perso                            | ns are bein                                    | g paid con                                          | nmissions i                                                                   | n connecti                                    | on with thi                                  | s offering                                  |                                              |                                           |                                         |                                       |                                       |             |
| Business                            | or Residen                                     | ce Address                                          | (Number ar                                                                    | nd Street, C                                  | ity, State, 2                                | Zip Code)                                   |                                              |                                           |                                         |                                       |                                       |             |
| Name of                             | Associated                                     | Broker or I                                         | Dealer                                                                        |                                               |                                              |                                             |                                              |                                           |                                         |                                       |                                       |             |
|                                     |                                                |                                                     | las Solicite                                                                  |                                               |                                              |                                             |                                              |                                           |                                         |                                       |                                       |             |
| (Check "A                           | All States" ( [AK]                             | or check in<br>[AZ]                                 | dividual Sta<br>[AR]                                                          | tes)<br>[CA]                                  | [CO]                                         | [CT]                                        | [DE]                                         | [DC]                                      | [FL]                                    | [GA]                                  | ☐ All Sta<br>[HI]                     | tes<br>[ID] |
| [IL]                                | (IN)                                           | [IA]                                                | [KS]                                                                          | (KY)                                          | [LA]                                         | [ME]                                        | [MD]                                         | [MA]                                      | [MI]                                    | [MN]                                  | [MS]                                  | [MO]        |
| [MT]                                | [NE]                                           | [NV]                                                | [NH]                                                                          | [NJ]                                          | [NM]                                         | [NY]                                        | [NC]                                         | [ND]                                      | [OH]                                    | [OK]                                  | [OR]                                  | [PA]        |
| [RI]                                | [SC]                                           | [SD]                                                | [TN]                                                                          | [TX]                                          | [UT]                                         | [VT]                                        | [VA]                                         | [WA]                                      | [WV]                                    | [WI]                                  | [WY]                                  | [PR]        |
| Full name                           | (Last nam                                      | e first, if in                                      | dividual)                                                                     |                                               |                                              |                                             |                                              |                                           |                                         |                                       |                                       |             |
| Business                            | or Residence                                   | ce Address                                          | (Number at                                                                    | nd Street, C                                  | City, State, Z                               | Zip Code)                                   |                                              |                                           |                                         |                                       |                                       |             |
| Name of .                           | Associated                                     | Broker or l                                         | Dealer                                                                        |                                               |                                              |                                             |                                              | <del></del>                               |                                         |                                       |                                       |             |
|                                     |                                                |                                                     | las Solicited<br>dividual Sta                                                 |                                               | s to Solicit                                 |                                             |                                              |                                           |                                         |                                       | ☐ All Sta                             | tes         |
| [AL]                                | [AK]                                           | [AZ]                                                | [AR]                                                                          | [CA]                                          | [CO]                                         | [CT]                                        | [DE]                                         | [DC]                                      | [FL]                                    | [GA]                                  | (HI)                                  | [ID]        |
| [IL]                                | [IN]                                           | [IA]                                                | [KS]                                                                          | [KY]                                          | [LA]                                         | [ME]                                        | [MD]                                         | [MA]                                      | [MI]                                    | [MN]                                  | [MS]                                  | [MO]        |
| [MT]                                | [NE]                                           | [NV]                                                | [NH]                                                                          | [NJ]                                          | [NM]                                         | [NY]                                        | [NC]                                         | [ND]                                      | [OH]                                    | [OK]                                  | [OR]                                  | [PA]        |
| [RI]                                | [SC]                                           | [SD]                                                | [TN]                                                                          | [XT]                                          | [UT]                                         | [VT]                                        | [VA]                                         | [WA]                                      | [WV]                                    | [WI]                                  | [WY]                                  | [PR]        |
| Full name                           | (Last nam                                      | e first, if in                                      | dividual)<br>————                                                             |                                               |                                              |                                             |                                              |                                           |                                         |                                       | · · · · · · · · · · · · · · · · · · · |             |
| Business                            | or Residen                                     | ce Address                                          | (Number at                                                                    | nd Street, C                                  | City, State, 2                               | Zip Code)                                   |                                              |                                           |                                         | ***                                   |                                       |             |
| Name of                             | Associated                                     | Broker or l                                         | Dealer                                                                        |                                               |                                              |                                             |                                              |                                           |                                         |                                       |                                       |             |
|                                     |                                                |                                                     | las Solicited                                                                 |                                               | s to Solicit                                 | Purchasers                                  |                                              |                                           |                                         |                                       | ☐ All Sta                             | tes         |
| [AL]                                | [AK]                                           | [AZ]                                                | [AR]                                                                          | [CA]                                          | [CO]                                         | [CT]                                        | [DE]                                         | [DC]                                      | [FL]                                    | [GA]                                  | [HI]                                  | [ID]        |
| [IL]                                | [ <b>IN</b> ]                                  | [IA]                                                | [KS]                                                                          | [KY]                                          | [LA]                                         | [ME]                                        | [MD]                                         | [MA]                                      | [MI]                                    | [MN]                                  | [MS]                                  | [MO]        |
| [MT]                                | [NE]                                           | [NV]                                                | [NH]                                                                          | [NJ]                                          | [NM]                                         | [NY]                                        | [NC]                                         | [ND]                                      | [OH]                                    | [OK]                                  | [OR]                                  | [PA]        |
| [RI]                                | [SC]                                           | [SD]                                                | [TN]                                                                          | [TX]                                          | [UT]                                         | [VT]                                        | [VA]                                         | [WA]                                      | [WV]                                    | [WI]                                  | [WY]                                  | [PR]        |
| Full name                           | (Last nam                                      | e first, if in                                      | dividual)                                                                     |                                               |                                              |                                             |                                              |                                           |                                         |                                       |                                       |             |
| Business                            | or Residen                                     | ce Address                                          | (Number ar                                                                    | nd Street, C                                  | City, State, Z                               | Zip Code)                                   |                                              |                                           |                                         |                                       |                                       |             |
| Name of .                           | Associated                                     | Broker or l                                         | Dealer                                                                        |                                               |                                              |                                             |                                              |                                           |                                         |                                       |                                       |             |
|                                     |                                                |                                                     | las Solicited                                                                 |                                               |                                              |                                             |                                              |                                           |                                         |                                       | ☐ All Sta                             | tec         |
| [AL]                                | [AK]                                           | [AZ]                                                | (AR)                                                                          | [CA]                                          | [CO]                                         | [CT]                                        | [DE]                                         | [DC]                                      | [FL]                                    | [GA]                                  | HI]                                   | tes<br>[ID] |
| [IL]                                | [IN]                                           | [IA]                                                | [KS]                                                                          | [KY]                                          | [LA]                                         | [ME]                                        | [MD]                                         | [MA]                                      | [MI]                                    | [MN]                                  | [MS]                                  | [MO]        |
| [MT]                                | [NE]                                           | [NV]                                                | [NH]                                                                          | [NJ]                                          | [NM]                                         | [NY]                                        | [NC]                                         | [ND]                                      | [OH]                                    | [OK]                                  | [OR]                                  | [PA]        |

| [RI | ] [SC]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | [SD]                                          | [TN]                                                | [TX]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | [UT]                                       | [VT]                                    | [VA]                                    | [W     | /A]         | [WV]                | [W   | <u>T]</u> | [WY]          | [PR]            |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------|-----------------------------------------|--------|-------------|---------------------|------|-----------|---------------|-----------------|
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               | (Use blank                                          | sheet, or co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | opy and use                                | additional                              | copies of th                            | is she | et, as      | necessary.          | .)   |           |               |                 |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C. OFFE                                       | RING PRIC                                           | CE, NUMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BER OF IN                                  | VESTORS                                 | , EXPENS                                | ES A   | ND U        | USE OF P            | ROCE | EDS       |               |                 |
| 1.  | Enter the aggretotal amount a transaction is below the am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | already sold<br>an exchang<br>ounts of the    | I. Enter "0" i<br>ge offering, c<br>e securities of | f the answe<br>heck this b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | er is "none"<br>ox 🏻 and in                | or "zero." I<br>ndicate in th           | if the<br>e columns                     |        | C           | Aggregate           |      |           | Amount<br>So  |                 |
|     | Type of secur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •                                             |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        |             |                     |      | _         |               |                 |
|     | Debt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         | \$     |             |                     |      | \$        |               |                 |
|     | Equity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | · · · · · · · · · · · · · · · · · · ·   |                                         | \$     |             |                     |      | \$        |               |                 |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               | X Commo                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        |             |                     |      |           |               |                 |
|     | Convertible S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               | _                                                   | rants)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | • • • • • • • • • • • • • • • • • • • • | ••••••                                  | \$     |             |                     |      | \$        | _             |                 |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s and war                                     |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        | 4,00        | 00,000              |      |           | -0-           |                 |
|     | Partnership Ir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         | \$     |             |                     |      | \$        |               |                 |
|     | Other (Specif                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         | \$     |             |                     |      | \$        |               |                 |
|     | The second secon |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         | \$     | 4,00        | 00,000              |      | \$        | -0-           |                 |
|     | An                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | swer also ir                                  | Appendix,                                           | Column 3,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | if filing un                               | der ULOE.                               |                                         |        |             |                     |      | ,         |               |                 |
| 2.  | Enter the num<br>securities in to<br>offerings und<br>securities and<br>Enter "0" if a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | his offering<br>er Rule 504<br>the aggreg     | and the aggr<br>, indicate the<br>ate dollar an     | regate dolla<br>e number of<br>nount of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ar amounts of persons w                    | of their pure<br>ho have pur            | chases. For chased                      |        |             |                     |      |           | Acarean       | te Dollar       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        |             | Number<br>Investors |      |           | Amoi<br>Purcl | unt of<br>hases |
|     | Accredited In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        |             | 1                   |      | \$        | 4,000,000     | )               |
|     | Non-accredite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        |             |                     |      | \$        |               |                 |
|     | Total (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | for filings (                                 | ander Rule 5                                        | 04 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                         |                                         |        |             |                     |      | \$        |               |                 |
|     | An                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | swer also ir                                  | n Appendix,                                         | Column 4,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | if filing un                               | der ULOE.                               |                                         |        |             |                     |      |           |               |                 |
| 3.  | If this filing i<br>requested for<br>indicated, in to<br>offering. Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | all securitie<br>the twelve (                 | es sold by the<br>12) months p                      | e issuer, to<br>orior to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | date, in off<br>first sale of              | erings of the<br>f securities i         | types                                   |        |             | True of             |      |           | Dellas        | <b>A</b>        |
|     | Type of offer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ino                                           |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        |             | Type of<br>Security |      |           |               | Amount<br>old   |
|     | Rule 505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                                             |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        | Sha         | ares and            |      | \$        | 3,000,000     |                 |
|     | Kulo 333                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                                     | ••••••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | ************                            |                                         | •••••  |             | rrants              |      | •         | 2,000,000     |                 |
|     | Regulation A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        |             |                     |      | \$        |               |                 |
|     | Rule 504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        |             | Share               | s    | \$        | 1,000,000     | )               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        | and         | l warrants          | 5    |           |               |                 |
|     | Total .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               | • • • • • • • • • • • • • • • • • • • •             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         | ••••   |             |                     |      | \$        | 4,000,000     | )               |
| 4.  | a. Furnish a sidistribution of organization of future conting estimate and of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | f the securion<br>expenses of gencies. If the | ties in this of<br>the issuer. T<br>he amount of    | fering. Exc<br>The information of the fermion of the f | clude amou<br>ation may b<br>diture is not | nts relating<br>e given as s            | solely to<br>ubject to                  |        |             |                     |      |           |               | •               |
|     | Transfer Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -                                          | es in connec                            | ction with t                            | his o  | fferin      | g                   |      | \$        |               |                 |
|     | Printing and I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        |             |                     |      | \$        | <u>-</u>      |                 |
|     | Legal Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        |             |                     |      | \$        |               |                 |
|     | Accounting F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        |             |                     |      | \$        |               |                 |
|     | Engineering I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        |             |                     |      | \$        |               |                 |
|     | Sales Commi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        |             |                     |      | \$        |               |                 |
|     | Other Expens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | =                                             |                                                     | =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                         |                                         |        |             |                     |      | \$        | <del></del>   |                 |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               | "                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                         |                                         |        |             |                     |      | \$        |               |                 |
|     | rotal .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               | • • • • • • • • • • • • • • • • • • • •             | • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                         | • • • • • • • • • • • • • • • • • • • • |        | • • • • • • |                     | ш    | Ψ         |               |                 |

|      | C. OFFERING PRICE, N                                                                                                                                                                                                     | UMBER OF INVESTORS, EXI                                                                                      | PENSES A         | AND USE OF PRO                                         | CEEDS            |                      |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------|------------------|----------------------|
| 4.   | b. Enter the difference between the aggreg Part C – Question 1 and total expenses fur 4.a. This difference is the "adjusted gross p                                                                                      | nished in response to Part C - Que                                                                           | stion            |                                                        | \$               | 4,000,000            |
| 4.   | Indicate below the amount of the adjusted proposed to be used for each of the purpose is not known, furnish an estimate and chec total of the payments listed must equal the forth in response to Part C – Question 4.b. | es shown It the amount for any puk the box to the left of the estimate adjusted gross proceeds to the issue. | rpose<br>. The   |                                                        |                  |                      |
|      |                                                                                                                                                                                                                          |                                                                                                              |                  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | _                | Payment to<br>Others |
|      | Salaries and fees                                                                                                                                                                                                        |                                                                                                              | □ s _            |                                                        | _ 🗆 \$           |                      |
|      | Purchase of real estate  Purchase, rental or leasing and installation                                                                                                                                                    |                                                                                                              | <b>S</b> _       |                                                        | _ 🗆 \$           |                      |
|      | Construction or leasing of plant buildings a                                                                                                                                                                             | , , ,                                                                                                        | □ \$ _<br>□ \$ - | <del></del>                                            | _ 🗆 \$<br>- 🗆 \$ |                      |
|      | Acquisition of other businesses (including                                                                                                                                                                               |                                                                                                              | п» _             |                                                        | - ⊔з             |                      |
|      | in this offering that may be used in exchan another issuer pursuant to a merger)                                                                                                                                         | ge for the assets or securities of                                                                           | □ s              |                                                        | <b>□</b> \$      |                      |
|      | Repayment of indebtedness                                                                                                                                                                                                |                                                                                                              | □ \$ -           |                                                        |                  |                      |
|      | Working capital                                                                                                                                                                                                          |                                                                                                              | □ \$ -           |                                                        | _ □s             | 4,000,000            |
|      | Other (specify):                                                                                                                                                                                                         |                                                                                                              | _                |                                                        | -                |                      |
|      |                                                                                                                                                                                                                          |                                                                                                              |                  |                                                        | _                |                      |
|      |                                                                                                                                                                                                                          |                                                                                                              | □ \$ ¯           |                                                        | □ \$             |                      |
|      | Column Totals                                                                                                                                                                                                            |                                                                                                              | □ \$ <u> </u>    |                                                        |                  | 4,000,000            |
|      | Total Payments Listed (column totals adde                                                                                                                                                                                | ed)                                                                                                          |                  | □\$                                                    |                  |                      |
|      |                                                                                                                                                                                                                          | D. FEDERAL SIGNATU                                                                                           | RE               |                                                        |                  |                      |
| foll | issuer has duly caused this notice to be signed owing signature constitutes an undertaking by taff, the information furnished by the issuer of                                                                           | y the issuer to furnish the U.S. Sec                                                                         | urities and      | l Exchange Commis                                      | ssion, upo       |                      |
|      | er (Print or Type)<br>sk Petroleum, Inc.                                                                                                                                                                                 | Signature January La                                                                                         | L 25 of          | Date March 18, 200                                     | )5               |                      |
|      |                                                                                                                                                                                                                          | Title of Signer (Print or Type) Vice-President                                                               | <del>/</del> -   |                                                        |                  |                      |
|      |                                                                                                                                                                                                                          |                                                                                                              |                  |                                                        |                  |                      |

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| H. | STA | TE | ST | CN. | ΔTI | URE |
|----|-----|----|----|-----|-----|-----|
|    |     |    |    |     |     |     |

- 1. Is any party described in 17 CFR 230.252 $\odot$ , (d), (e) or (f) presently subject to any of the disqualification provisions?  $\square$  Yes  $\square$  No. See Appendix, Column 5, for state response.
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden or establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| issuer (Print or Type) Brisk Petroleum, Inc. | Signature/                           | Date March 18, 2005 |
|----------------------------------------------|--------------------------------------|---------------------|
| Name (Print or Type) J. Harrison Beal        | Title (Print or Type) Vice-President |                     |

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not signed must be photocopies of the manually signed copy or bear typed or printed signatures.

SEC 1972 (1/94)

| 1        | 2                                             |                                  |                                                                                  |                                                                     |        | APPENDIX                                 |                                                                                                      |     |             |  |  |  |  |  |  |  |
|----------|-----------------------------------------------|----------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------|--------|------------------------------------------|------------------------------------------------------------------------------------------------------|-----|-------------|--|--|--|--|--|--|--|
|          | Intend<br>to non-ac<br>investors<br>(Part B - | to sell<br>ccredited<br>in State | Type of security and aggregate offering price offered in state (Part C – Item 1) | 4  Type of investor and amount purchased in State  Part C – Item 2) |        |                                          | 5 Disqualification Under State ULOE (if yes, attach explanation of waiver granted) (part E - Item 1) |     |             |  |  |  |  |  |  |  |
| State    | Yes                                           | No                               |                                                                                  | Number of<br>Accredited<br>Investors                                | Amount | Number of<br>Non-Accredited<br>Investors | Amount                                                                                               | Yes | No          |  |  |  |  |  |  |  |
| AL       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| AK       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| AZ       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| AR       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| CA       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| CO       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| CT       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| DE       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| DC       |                                               |                                  | · -                                                                              |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| FL       |                                               |                                  | <del>~</del>                                                                     |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| GA       |                                               |                                  |                                                                                  |                                                                     | ·      |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| HI       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| ID       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| IL<br>IN |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| IA       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| KS       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| KY       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     | <del></del> |  |  |  |  |  |  |  |
| LA       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| ME       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| MD       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| MA       |                                               |                                  |                                                                                  | <u> </u>                                                            |        |                                          | <del></del>                                                                                          |     |             |  |  |  |  |  |  |  |
| MI       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| MN       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |
| MS       |                                               |                                  |                                                                                  |                                                                     |        |                                          | <del> </del>                                                                                         |     |             |  |  |  |  |  |  |  |
| MO       |                                               |                                  |                                                                                  |                                                                     |        |                                          |                                                                                                      |     |             |  |  |  |  |  |  |  |

| APPENDIX |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
|----------|-----|----|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------|------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|----|--|
| 1        |     | 2  | 3                                                                                         |                                                                       |        |                                          | 5 Disqualification Under State ULOE (if yes, attach |                                                        |    |  |
|          |     |    | Type of security<br>and aggregate offering<br>price offered in state<br>(Part C – Item 1) | Type of investor and<br>amount purchased in State<br>Part C – Item 2) |        |                                          |                                                     | explanation of<br>waiver granted)<br>(part E – Item 1) |    |  |
| State    | Yes | No |                                                                                           | Number of<br>Accredited<br>Investors                                  | Amount | Number of<br>Non-Accredited<br>Investors | Amount                                              | Yes                                                    | No |  |
| MT       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| NE       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| NV       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| NH       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| NJ       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| NM       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| NY       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| NC       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| ND       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| ОН       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| OK       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| OR       |     |    |                                                                                           | 1                                                                     |        |                                          |                                                     |                                                        |    |  |
| PA       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| RI       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| SC       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| SD       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| TN       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| TX       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| UT       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| VT       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| VA       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| WA       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| WV       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| WI       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| WY       |     |    |                                                                                           |                                                                       |        |                                          |                                                     |                                                        |    |  |
| PR       |     |    |                                                                                           | 1                                                                     |        |                                          |                                                     |                                                        |    |  |

Foreign Country.....\$4,000,000

END OF FORM D